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Addendum # 2

**CR#7: Special Needs Community –Based Services**

**Submission Deadline: Continuous Recruitment**

- Five pages of vendor questions / State responses are posted for review.
- The opportunity to ask questions, via email, has been extended to 30 March 05. Questions should be submitted in a *Microsoft Word attachment*. Please reference the # CR7 on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information

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Questions....Series A

Answers are in **Bold** print:

1. Is a vendor allowed to submit a proposal in which there is one payment source?

**The State is the payer for these programs, however the programs must be accredited and financially stable. Vendors are encouraged to submit proposals based on their interest, capacity, and competence in the field. If the proposal is for residential programming, the vendor must demonstrate an ability to procure the necessary property and provide the programming.**

2. Would a day school be allowed within a residential care service and if so, are there identified funding sources?

**The Department is looking for programs that promote integration and must provide for least restrictive setting. Therefore, knowledge of social service agencies and supports, linkages with the educational systems and transition planning/procedures are all critical components to the vendor's proposal.**

**Should there be a need for education services to be provided within the residential programs, this education component will need to be developed in coordination with the local education authority. Vendors will need to work with the Department, school district representatives, the Office of Special Needs in the Department of Education in these matters, and in consideration of requirements under IDEA, Part B, regarding education program needs. Funding responsibilities will need to be addressed depending on the program circumstances.**

3. What are the required specific ages of the children and youth for residential care program? May a vendor submit a proposal that provides residential care to youth specific to ages 15 to 21?

**Proposals may be submitted for youth specific to the age range 15 to 21. Many of the youth have already been found eligible to transition to adult services at the age of 21. Such a proposal must represent the vendor's status with the Department of Mental Health, Retardation and Hospitals, and their ability to continue providing services to youth beyond the age of 21.**

**This LOI is designed to facilitate a continuous collaborative relationship among the Department of Children, Youth and Families (DCYF) and the Department of Mental Health, Retardation and Hospitals (MHRH), Division of Developmental Disabilities and Division of Behavioral Health.**

4. Are there a minimum and/or maximum number of allowable group homes per agency proposing to operate a residential care program?

**We have not set any limits on vendors' capacity.**

5. Are there specific parameters by which a residential care program is to provide a bundling of services? What percentage of care is to be community based?

**The vendor must present a proposal that is comprehensive in relation to the services that will be provided in the program. As referenced in the LOI, a detailed budget is required – providing specific information regarding rates for each level of care/type of service provided and all related expenditures; e.g., property procurement and development. A per diem rate will be determined as part of the contract development.**

**The Department's emphasis is on community-based care – moving youth to lesser restrictive levels of care from intensive residential treatment settings. Vendors may respond to this LOI to provide either a specific type – or a range – of services within a continuum of community-based care and/or residential care.**

**The Department encourages providers with expertise in program areas throughout varying levels of intensity to submit their proposals - in order to ensure that a full array of services can be established and made available within a larger continuum to meet the full spectrum of need for children and their families.**

6. Are therapeutic foster care homes able to be provided through linkage agreements and/or sub-contractors for vendors submitting a proposal to provide a residential program?

**Vendors proposing a residential program are encouraged to create linkages that provide the array of services available through therapeutic foster homes as part of the work toward establishing a continuum of care. As referenced in the LOI, therapeutic foster homes will need to be supported by a network of appropriate wraparound services to ensure that the foster families and children have access to respite services, recreational therapy, behavior management, personal care assistance, etc., as necessary and identified within the care plan. Therefore, linkages to therapeutic foster homes should also promote these additional wraparound resources as part of the service mix.**

7. What, if awarded, are the time frames on contract renewals?

**Contracts will be issued for a period of five years. The State reserves the right to cancel, on the anniversary date of the contract, if funding or program performance issues arise. The vendor(s) will be given 60 days advanced written notice of the cancellation.**

8. How is therapeutic foster care in a home-like setting defined?

**The least restrictive level of care will provide effective care consistent with the medically necessary treatment for the youths' developmental disabilities and/or mental, emotional, or behavioral disorder, which optimally will be in a home-like setting. The Department expects proposals that will provide therapeutic foster care homes with an ability to provide nursing support if necessary, and group care homes that provide comfortable therapeutic environments.**

9. For a new and/or expanding agency, is licensure through the DCYF required at the time of proposal submission for vendors proposing to provide a residential care program or is there a time frame by which licensure must occur?

**For an existing/expanding agency, licensure must already be in place. For a new agency developing a residential care program, DCYF licensure must be in place at the time the program becomes operational. Residential programs must meet all applicable program requirements in accordance with DCYF licensing regulations, as well as public safety and fire codes, and have a certificate of occupancy.**

10. For a new and/or expanding agency, is COA accreditation required at the time of proposal submission for vendors proposing to provide a residential care program or is there a time frame by which accreditation must occur?

**The Department is encouraging applications from vendors that are accredited with JCAHO, CARF or COA. As referenced in the LOI-CR 7, applicants that are not accredited will be expected to become accredited within a year of being certified with DCYF. As contract negotiations begin with a vendor, the Department will require accreditation for the program.**

11. Will DCYF continue to fund Network slots for youth until age 25 (since the discussion indicated that they would like youth to remain in the same placement – in the ideal case – until age 25)? Or must all funding be through the adult system once the child reaches age 21? Is there any transition funding between the two systems?

There may have been a misunderstanding in the discussion. The DCYF and the Department of Mental Health, Retardation and Hospitals have been working collaboratively on this Letter of Interest with the aim, ultimately, of being able to facilitate a seamless transition for youth into the adult system. The instruction in the Letter of Interest points out that DCYF's financial responsibility ends at age 21. Therefore, it is important that the youth are identified and planned for with MHRH as expeditiously as possible.

12. I am writing in order to ask a question about the LOI for "Special Needs Community-Based Services." There was a sample budget with this LOI that reflected a Total Program Cost of \$796,405.70. Can you tell me what number of children this budget was developed?

There was no sample budget provided for this LOI. Your information is not related to or associated with this posting.

As referenced in LOI – CR 7, the Department is encouraging providers to submit proposals that are for either a specific service type or for a range of services – within a continuum of community-based care and/or residential care. Please refer to the LOI for instruction. The Department is seeking a detailed budget with specific information regarding rates for each level of care/type of service and all related expenditures; e.g., property procurement and development.

The budget for the proposal must be based on the population for which the vendor is prepared to provide services.

Questions .... Series B

Answers are in **BOLD** print:

1. Is this LOI designed to increase in-state residential capacity?

**Yes – but not exclusively residential. We are looking to develop community-based residential programming with linkages to community support services and recreation, vocational-educational activities, etc., for a full range of developmental delays and challenges including serious emotional disturbance (SED).**

**Through this continuous recruitment LOI, we are also looking to develop a full range of service options which will include in-home support for families able to continue caring for their youngsters in their own homes.**

2. Are you looking to establish a state program that would be managed by a private vendor?

**The programs will be state funded. We expect that vendors will submit a proposal to meet the needs of the population that they are most competent to service. The Department encourages a program design that encompasses a comprehensive array of services – based on the vendor's expertise.**

3. Do you envision the dollars following the child? Would this be a purchase of service only for each child?

**Not necessarily. The dollars may follow the child; however, we are looking for vendors to be able to provide services to groups of children.**

4. The population of youth with developmental disabilities requires certain specialties. Would providers responding to this LOI be able to focus on more than one level, or a single level, given their specialty?

**Yes. Providers may focus on multiple levels within their specialty. Primarily, we want to see:**

- the philosophy of the providers in working with families who have a child(ren) with special health care needs
- their ability to provide culturally and linguistically appropriate care and support
- their experience currently and in the past with special needs populations
- the type(s) of disability and treatment with which they are most familiar and experienced
- their ability to provide clinical treatment and support to address co-occurring conditions of serious emotional disturbance
- their knowledge of other social service agencies and supports in order to network and provide additional resources for the family
- their linkages with the educational system and transition planning/procedures
- their history of coordination with HMOs and private insurance networks
- their staff; e.g., recruitment and training, experience, continuity, staffing patterns and QA/CQI provisions, etc.
- their organizational history and strength
- their organization's capacity and growth potential to meet expanding and changing needs

5. Programs will generally require some start up funding. Is there funding available for this?

**No. The Department will expect vendors to be able to provide the necessary start-up funding for purchasing and/or renovating property and establishing a program. In the contract negotiations, these expenses are generally factored into the rate and are able to be amortized over time.**

6. What are the profiles of the children/youth that are in out-of-state placement for which programming would need to be developed?

**The majority have mild to moderate mental retardation or autism. Some have severe or profound mental retardation. There are youth who have Downs Syndrome or Cerebral Palsy. Some youth have dual diagnoses such as anxiety, PTSD, ADHD, Bipolar, etc. – the age range is primarily 15 to 19 years old.**

7. Would you be looking to establish a sex offender program?

**It is not an issue specifically with the youth for whom we are targeting this planning, but it is a diagnosis that occurs within the population in this age range. Therefore, we would be interested in having proposals for sex offender treatment for youth with developmental disabilities. Our intent is to develop a full range of treatment services for youth with developmental delays and challenges within a continuum.**

8. Can you provide a grouping of the youth by age range?

**The majority are older than 17 years – approximately 50. Another 10 are 16 years or younger. We will be focusing first on youth with more severe functioning needs to develop programming to bring them back into Rhode Island or transitioning from a psychiatric hospital setting; and, we will also be looking at opportunities to better assist families to maintain their youth at home or close to home in order that they will not have to be placed out of state.**

9. How many youth are out of state?

**Most are out of state – primarily in nearby residential facilities.**

10. What about the geographic location of the programs? Are there areas where there is more prevalence?

**Vendors should respond based on their type of program. The location for developing a program will likely be determined on property availability. We will work with vendors to identify particular geographic interests as they relate to the proximity of the child's home and family. A focus on family involvement will be an important factor.**

11. Is the population primarily Medicaid eligible?  
**Yes.**

12. If a provider responded to the previous Letter of Interest issued in September 2003 will they need to submit a new proposal under this current LOI?

**Yes. This is a continuous recruitment LOI, which will offer an ongoing opportunity for the state to develop necessary capacity within the system.**

END